



Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service
Campion Ambulance Service :- Hunter's Ambulance Service

Testimony of
David D. Lowell, President
Association of Connecticut Ambulance Providers

Human Services Committee

Tuesday, February 19, 2013

Senator Slossberg, Representative Abercrombie and distinguished members of the Human Services Committee.

My name is David Lowell. I am President of the Association of Connecticut Ambulance Providers. Our association members provide ambulance medical transports for approximately 200,000 patients on an annual basis and serve 45 towns in Connecticut. This is done with a network of 128 ambulances and dedicated staff of over 900 including highly trained first responders.

I am here today to speak on three pieces of proposed legislation that have an impact on the sustainability of a responsive patient centered network of ambulances for emergency and non-emergency transports. While each of these bills refer to services provided to Medicaid patients, any actions having a negative impact of the viability of emergency service providers has the potential to negatively impact the ability to respond appropriately for not only Medicaid patients, but all patients.

Raised Bill No. 6412, An Act Concerning Safe and Appropriate Transportation for Non-ambulatory Medicaid Recipients.

I would like to thank you for raising this bill so that the very important issues related to health and safety of medical transportation may be openly discussed in a public forum.

The legislature deliberated and decided not to introduce the use of stretcher vans for Medicaid patients in the last two legislative sessions. While the legislature rejected the proposal for two successive years, it was included in the budget

Connecticut's current Medical transportation system is unique, well established and has a high integrity of oversight for patient evaluation, determination of medical necessity and assignment of the proper mode of transportation.

Transportation of non-emergency medical patients is separated into two categories:

1. Medical patients who can tolerate a wheelchair for transport and who don't require special lifting or moving equipment, and who don't require medical surveillance.
2. Medical patients who through their medical condition, require a stretcher, and specialized equipment to lift and move the patient from their point of pick up to the stretcher, and from their stretcher to their point of destination. These patients by virtue of the physical-medical disability require the special training of ambulance personnel to lift, move, and carry the patient into and out of their residence or skilled nursing or extended care facility.

For patients that are in need of a stretcher during transport due to their medical condition, specialized equipment and training for the personnel are required to safely move and transport them.

Connecticut medical transportation system has been designed around a system that has standards of care which are managed through statute and regulation by the Department of Public Health and exist for the health and safety of the general public. These statutes and regulations clearly define licensure and certification standards for both the vehicles that carry the patients as well as the highly skilled professionals who operate the vehicles and care for the patients. The design and construction of the ambulances are also regulated by very stringent federal specifications which include very specific criteria for the safe installation and securing of the stretcher. Stretcher transports that occur today must meet a strict test for medical necessity.

Patients requiring medical transportation are just that, patients. They require specific lifting and moving assistance and equipment, and need to be transported in a vehicle properly equipped to safely secure them, by technicians that are trained to properly move them and assess their medical or physical needs.

In addition to patient safety concerns, we should bring to your attention that reducing non-emergency ambulance transports negatively impacts the fragile balance necessary to maintain an adequate emergency ambulance system.

We urge your support of Raised Bill No. 6412, An Act Concerning Safe and Appropriate Transportation for Non ambulatory Medicaid Recipients. We believe that is a responsible patient centered position guided in the best interest and safety of medical patients who require a stretcher as their means of medical transportation.

Proposed Bill No. 594, An Act Concerning Restoring Medicaid Reimbursement Levels for Emergency Ambulance Transportation

Passing this bill is critical for maintaining life-saving ambulance services. Ambulance services, much like hospital emergency departments are required to be staffed and equipped, prepared and ready to respond to emergencies in their community and do so without regard for the additional costs related to 24/7 readiness and without regard to any patient's ability to pay.

Fuel costs, insurance, labor and benefit costs have escalated significantly over the past five years. Restoration of the emergency reimbursement rate is vital to all ambulance services and the communities they serve.

In January 2011, the legislature reduced the Medicaid emergency ambulance rate paid to providers by 10%. This effective rate of \$196.94 is only 52% of the allowed Medicare Rate and 34% of the State of CT DPH approved rate for these emergency services. In other words, for every emergency ambulance transport, the Department of Social Services Medicaid program reimburses 34% of the rate that the Department of Public Health has approved as a fair and equitable rate for this service. Even with this restoration, the rate would only increase to 38% of the Public Health rate with a reimbursement of \$218.82. Without this restoration, our providers may be forced to make financial decisions regarding staffing levels, employee benefits and vehicle maintenance which could be detrimental to the ability to provide quality medically necessary transportation.

Raised Bill No. 6414, An Act Concerning Nonemergency medical Transportation for Medicaid Recipients

The current Non-Emergency Medical Transport (NEMT) program is administered in the ASO model between the State of Connecticut DSS and Logisticare. While there are efficiencies realized in this program, there are several significant inefficiencies that adversely impact the cost effectiveness to the providers and the overall system capacity to transport covered patients.


For over 30% of ambulance overall service calls the provider sends the vehicle and the appropriate personnel and the actual transport of a patient never occurs, resulting in no reimbursement for services. In some of the emergency cases patients opt not to use these services or require only minimal services provided by the ambulance support team.

A significant portion of these no-payment calls are non-emergency "no shows". While providers have to deal with this lack of payment, these are situations that the provider has absolutely no control over.

Logisticare assigns the non-emergency transportation to the providers in advance. Providers, in turn call the patients to confirm the transport and prepare the proper quantity of drivers and vehicles to meet the assigned demand. On the day of the transport, the provider will deploy their driver and vehicle to perform the assigned work. Typically, there is a 20% "no show" rate of the patient that has been assigned and confirmed. While the provider has fulfilled their obligation, expended the labor and operating cost to perform they are currently not compensated for this. Although the "no show" is not due to a fault of the provider, the provider is penalized with no-payment for services. This bill would serve to cover a portion of the costs of these "no show" calls at 50% of the prevailing non-emergency rate.

We urge your support of Raised Bill No. 6414, An Act Concerning Nonemergency medical Transportation for Medicaid Recipients as a fair and equitable means of compensation for the uncompensated costs incurred through no fault of the provider.

Respectfully Submitted,



David D. Lowell
President